

A RESOLUTION

**BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE**

06- R -1437

**A RESOLUTION TO AMEND RESOLUTION 06-
R-1090 AUTHORIZING PAYMENT IN THE
AMOUNT OF \$1,027.32 IN SETTLEMENT OF
THE CLAIM OF HERBERT ROBINSON
AGAINST THE CITY OF ATLANTA AND FOR
OTHER PURPOSES**

WHEREAS, on June 5, 2006 the City Council adopted Resolution 06-R-1090 authorizing the payment of \$1,072.32 in settlement of the claim of Herbert Robinson against the City of Atlanta; and

WHEREAS, due to a clerical error the settlement amount was incorrect and should have been in the amount of \$1,027.32.

THEREFORE, BE IT RESOLVED that Resolution 06-R-1090 be hereby amended.

BE IT FURTHER RESOLVED that the Council of the City of Atlanta, Georgia that \$1,027.32 be paid by the City of Atlanta in satisfaction of any and all claims Herbert Robinson may have stemming from damages he sustained due to a vehicular accident on April 16, 2006 at Jackson Street and Edgewood Avenue.

BE IT FURTHER RESOLVED that the Chief Financial Officer be and hereby authorized to pay the above mentioned sum from account number 1A01 (General Fund) 529017 (Property Liquidation) T31001 (Non-departmental).



**MUNICIPAL CLERK
ATLANTA, GEORGIA**

06-R-1090

A RESOLUTION

**BY PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE**

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Herbert Robinson** in the sum of **\$1,072.32** in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained **as a result of an vehicular accident on April 16, 2006 at Jackson Street and Edgewood Avenue** as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Rhonda Dauphin Johnson
Municipal Clerk, CMC

ADOPTED by the Council
APPROVED by the Mayor

JUN 05, 2006
JUN 09, 2006

Entered – 5/2/06 - sb
CL – 06L0324 - ANGELENA KELLY

CLAIM OF: Herbert Robinson
2812 Peyton Crossing Drive
Atlanta, GA 30311

For damages alleged to have been sustained as a result of a vehicular accident on April 16, 2006 at Jackson Street at Edgewood Avenue.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Herbert Robinson** the sum of **\$1,072.32** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on April 16, 2006 at Jackson Street at Edgewood Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account **1A01/529017/T31001**.

APPROVED: **LINDA K. DISANTIS**
CITY ATTORNEY

BY: _____


JERRY L. DELOACH
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 06L0324

Date: May 11, 2006

Claimant /Victim Herbert Robinson

BY: (Atty) (Ins. Co.) _____

Address: 2812 Peyton Crossing Drive, Atlanta, GA 30311

Subrogation: _____ Claim for Property damage \$ 1,027.32 Bodily Injury \$ _____

Date of Notice: 4/24/06 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence: 4/16/06 Place: Jackson Street and Edgewood Avenue

Department: PRCA Bureau: Parks

Employee involved: Melvin Tucker Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of a city vehicle hit the claimant's vehicle while turning the corner, causing damages in the above amount.

INVESTIGATION:

Statements: City employee X Claimant X Others _____ Written X Oral _____

Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

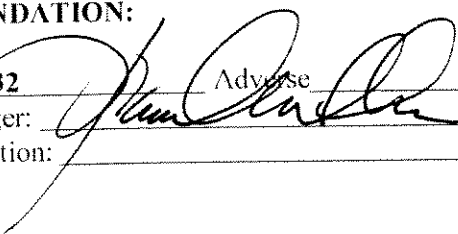
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ANGELENA KELLY

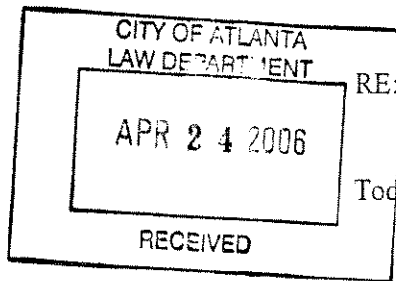
RECOMMENDATION:

Pay \$ 1,027.32 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05/16/2006

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Street, S.W.
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 4-17-06

1celly
05/01/06
102732/ESTIMATE
property

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 102732/ESTIMATE and / or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 4 16-06
(Month / Day / Year)
2. Police called: ☒ Yes ☐ No
3. Location of incident: _____
4. Name of your insurance company: STATE FARM Policy No. _____
5. State what and how incident occurred: MY VEHICLE WAS PARK
ZONE on the street, Garbage-Truck Turn to
CLOSE Hitting my vehicle.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your Vehicle: Chev Corvette 2005 Herbert Robinson
(Make) (Year) (Tag number) (Driver's name)
City Vehicle: _____
(Make) (City driver's name) (Department/Bureau)
8. Witness: _____
(Name) (Address) (Telephone number)
9. The acknowledgment of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Herbert Robinson
(Claimant's name)
2812 PEXTON CROSSING DR. S.W.
(Address)
ATH. GA. 30311
(City and State)
4-755-7680 4-316-2645
(Work telephone) (Home telephone)